Name in Full

Certificate of Death

Mary Bowman

Died at St Michaels Town, Talbot County, MARYLAND

Date 1904 Month Feb. Day 26 | Age Y. 87 M. 2 D. 6 | Native of Md | Occupation —

~~Male~~ Female | ~~White~~ Colored | ~~Married~~ ~~Single~~ | Widow ~~Widower~~ | ~~Divorced~~

Number of children living one

~~Husband~~ Wife of B Henry Bowman

Father's Name —

Mother's Maiden Name —

54

Cause of Death: Primary — old age — How long sick — about 3 months

Immediate — heart failure — ~~Accident, Suicide, Homicide~~

Reported by J C Lewis

Address St Michaels Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full

Certificate of Death

Frances Copper

Died at Town Long woods County Talbot MARYLAND

Date 1904 Month Feb. Day 13 | Age Y. 90 M. — D. — | Native of U. S. A. | Occupation Cook

~~Male~~ Female ~~White~~ Colored ~~Married~~ ~~Single~~ Widow ~~Widower~~ ~~Divorced~~ Number of children living No 6

Wife ~~Husband~~ of Isaac Copper

Father's Name Henry Copper Mother's Maiden Name Betsie Copper

Cause of Death { Primary Old Age | How long sick not at all

Immediate Exhaustion | Accident ~~Suicide Homicide~~

Reported by Chas. F. Dawson

Address Easton Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 70808

Name in Full

Certificate of Death

Henry Clay Cooper

Died at Town Easton County Talbot MARYLAND

Date 1904	Month Feb	Day 23	Age Y. 4 M. 4 D. 0	Native of Md	Occupation X

Male ~~Female~~ White ~~Colored~~ ~~Married~~ Single Widow Widower Divorced Number of children living 9

Husband of X
Wife

Father's Name Edward G Cooper Mother's Maiden Name Mable Lefevre

Cause of Death — Primary: Pneumonia Croup — How long sick: 28 hours

Immediate: Exhaustion — Accident, Suicide, Homicide

Reported by E. R. Tuttle M.D.

Address Easton Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full: Martha Copper

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: near Easton — County: Talbot

Date of death: 1904 — Month: July — Day: 12th — Years: 38 — Months: — — Days: —

Sex: Female — Color or Race: Colored — Birthplace: Talbot Co,

Occupation: Housewife — Where Residing if not at place of death: —

Married, Single or Widowed: Married — Name of Wife or Husband: Isaac Copper

Father's Name: Perry Raisen — Father's Birthplace: Talbot Co

Mother's Maiden Name: Mary Raisin — Mother's Birthplace: Talbot Co

Name of person giving Imformation: Isaac Copper — How related to deceased: Husband

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Typhoid Fever — How long: 4 weeks

Immediate: Acute Phthisis & Exhaustion — How long: 6 weeks

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Julius A. Johnson

Address: Easton Md

Accident or Suicide?

LIBRARY BUREAU A88818

Kirkham 14

Name In Full — Certificate of Death

Mrs. Fannie Cummings

Died at — Town: Fairbank — County: Talbott — MARYLAND

Date 1904 — Month: Feb — Day: 28 — Age: Y. 30 M. 2 D. 8 — Native of: Md — Occupation: Housewife

~~Male~~ Female — White — ~~Colored~~ — Married — ~~Single~~ — ~~Widow~~ ~~Widower~~ — ~~Divorced~~ — Number of children living: 1

~~Husband~~ Wife of James Lewis Cummings

Father's Name: — — Mother's Maiden Name: —

Cause of Death — Primary: ~~Remittent~~ Pneumonia — How long sick: 16 days

Immediate: 55 — ~~Accident~~, Suicide, ~~Homicide~~

Reported by: Dr. S. R. Wilson

Address: Tilghman Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full: Berthana Frazier

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Bruceville; County: Talbot

Date of death 1904: Month: 2; Day: 19

Age: Years: 19; Months: —; Days: —

Sex: Female

Color or Race: White

Birthplace: Talbot Co, Md.

Married, Single or Widowed: Married.

Occupation: Housewife

Name of Wife or Husband: William Frazier

Father's Name: Jeremiah Carrol

Father's Birthplace: Delaware

Mother's Maiden Name: Annie Rebecca Price

Mother's Birthplace: Talbot Co, Md.

Name of person giving In formation: Richard H. Price

How related to deceased: None

134

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Tuberculosis & Pregnancy — How long: 2 months.

Immediate: Vomiting of Pregnancy & Exhaustion — How long: 2 weeks.

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Joseph A Ross M D

Address: Trappe, Talbot Co, Md.

~~Accident or Suicide?~~

LIBRARY BUREAU A88818

Name in Full George W. Griffin — Certificate of Death

Died at Town Trappe County Talbot MARYLAND

Date 1904 Month Feb. Day 23 | Age Y. 71 M. 11 D. 26 | Native of Md. | Occupetion Farmer

Male / ~~Female~~ | White / ~~Colored~~ | Married / ~~Single~~ | ~~Widow~~ Widower | ~~Divorced~~ | Number of children living 3

Husband of Harriett Griffin 64
~~Wife~~

Father's Name Caleb Griffin Mother's Maiden Name Eliza Navy

Cause of Death — Primary: Apoplexy — How long sick 10 hours

Immediate: Coma — Accident, Suicide, Homicide

Reported by Wm S. Seymour

Address Trappe Md.

Must be signed by physician, if eny in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 76898

Name in Full: Alexander Green

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Bozman — County: Talbot

Date of death: 1904 — Month: Feb. — Day: 22 — Years: Age 70 — Months — Days

Sex: Male — Color or Race: Colored — Birthplace: Talbot Co.

Occupation: Laborer — Where Residing if not at place of death: Bozman Md

Married, Single or Widowed: Married — Name of Wife or Husband: Mary Green

Father's Name: William Green — Father's Birthplace: Talbot Co.

Mother's Maiden Name: Mary A. Green — Mother's Birthplace: Talbot Co.

Name of person giving Imformation: John Green — How related to deceased: Brother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Dropsy — How long: 6 months

Immediate: Uremia Poison — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Dr. J. B. Seth

Address: St Michaels Md

Accident or Suicide?

LIBRARY BUREAU A8801S

Name In Full

Certificate of Death

Miriam M Harrington

Town: Near Easton

County: Talbot

MARYLAND

Died in ~~Male~~ Female | Month: Jan. | Day: 17 | Age: Y. 66 M. 9 D. 10 | Native of: U.S.A. | Occupation: Lady

~~Male~~ | White | ~~Married~~ | Widow | ~~Divorced~~

Female | ~~Colored~~ | ~~Single~~ | ~~Married~~ | Number of children living: 4

Wife ~~Husband~~ of: Geo. Harrington

Father's Name: Daniel H. Aldridge

Mother's Maiden Name: Hannah Provoltam

Cause of Death — Primary: Grip - Double Pneumonia

Immediate: Exhaustion

How long sick: 5 Days

~~Accident, Suicide, Homicide~~

Reported by: Chas. F. Davidson

Address: Easton Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79899

Name in Full: Mary Magdalen Harris

CERTIFICATE OF DEATH

MARYLAND

Died at (Town) near Easton (County) Talbot

Date of death: Month 7th Day 27 Year 1904 Age: Years 1 Months 6 Days

TO BE ANSWERED BY NEAREST FRIEND

Sex: Female | Color or Race: Black | Birthplace: Talbot Co., Md.

Occupation: Child | Where Residing if not at place of death:

Married, Single or Widowed: — | Name of Wife or Husband: —

Father's Name: Charles Harris | Father's Birthplace: Talbot Co

Mother's Maiden Name: Maggie Johns | Mother's Birthplace: Talbot Co

Name of person giving Imformation: C. Harris | How related to deceased: Father

27

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pulmonary Tuberculosis | How long: 6 mos

Immediate: Heart Failure | How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Wm Ellis Smith

Address: Easton

Accident or Suicide?

LIBRARY BUREAU A39516

Name in Full: Alfred Hayward

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Longwood — County: Talbot

Date of death 190 4: Month: Feb — Day: Third — Age: Years: 73 — Months: — — Days: —

Sex: Male — Color or Race: Black — Birthplace: Talbot Co

Married, Single or Widowed: Married — Occupation: Farm Laborer

Name of Wife or Husband: Louisa

Father's Name: [illegible] Hayward — Father's Birthplace: Talbot Co

Mother's Maiden Name: — Mother's Birthplace: —

Name of person giving In formation: G. Wilson Price — How related to deceased: No relation

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Chronic Bright's — How long: 10 yrs or more

Immediate: Oedema & Lungs de- — How long: 2 months

Are the name, age, sex, color, date and place correctly given above? As near as can be

Signature of Physician: E. M. Stiles M. D.

Address: Cordova Md

Accident or Suicide?

LIBRARY BUREAU A8551G

10 o'clock

W. H. Musser

Name in Full: Fannie Hopkins

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: St Michaels — County: Talbot

Date of death 1904: Month: 2 — Day: 10

Age: Years: 7 — Months: 3 — Days:

Sex: Female — Color or Race: Black — Birthplace: St Michaels

Married, Single or Widowed: — Occupation:

Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Edward Hopkins — Father's Birthplace: St Michaels

Mother's Maiden Name: Helen White — Mother's Birthplace: " "

Name of person giving information: Edward Hopkins — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Not infectious during — How long:

Immediate: Convulsions — How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: H Lee Eccles

Address: St Michaels

Accident or Suicide?

LIBRARY BUREAU A88816

Name in Full

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at Town: Oxford — County: Talbot

Date of death 190 4 — Month: 2 — Day: 27 — Years: Age 63 — Months — Days

Sex: Female — Color or Race: White — Birthplace: Balto Md

Occupation — Where Residing if not at place of death

~~Married, Single~~ or Widowed — Name of Wife or Husband: W. H. Myers

Father's Name: Robt Jackson — Father's Birthplace: Balto Md

Mother's Maiden Name: Mary Stafford — Mother's Birthplace: England or Scotland

Name of person giving Information: Mary B Myers — How related to deceased: Daughter

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cancer of the Liver 40 — How long: One year

Immediate: Exhaustion — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: C. A. Stevens

Address: Oxford Md.

~~Accident or Suicide?~~ No

LIBRARY BUREAU A88816

Name in Full Chas. ~~John~~ R. Keeser — Certificate of Death

Died at Tilghman (Town) Md. — Talbot (County) — MARYLAND

Date ~~189~~ 1904 — Month 2nd — Day 17 — Age Y. 2 M. — D. — Native of Bayside Md. — Occupation —

Male ~~Female~~ — ~~White~~ Colored — ~~Married~~ Single — ~~Widow~~ ~~Widower~~ — ~~Divorced~~ Number of children ~~living~~

~~Husband~~ ~~Wife~~ of

Father's Name Anderson Keeser — Mother's Name Lou. Keeser

Cause of Death: Primary Congestion of Lungs — How long sick 7 days

Immediate Heart failure

Accident, Suicide, Homicide

Reported by W. W. Stevens M.D.

Address Tilghman, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full: Isaac Kirby

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Almshouse — County: Talbot

Date of death 1904 — Month: 2nd — Day: 23rd — Age: Years 76 — Months 8 — Days —

Sex: Male — Color or Race: White — Birthplace: Md

Occupation: None — Where Residing if not at place of death: —

Married, Single or Widowed: married — Name of Wife or —: Miss. Annie Ray

Father's Name: — Father's Birthplace: —

Mother's Maiden Name: — Mother's Birthplace: —

Name of person giving Information: John DeGroaty — How related to deceased: None

79

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Heart-disease & other complaints — How long: 10 years

Immediate: Heart-failure — How long: 5 or 6 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Julius A Johnson

Address: Easton Md

~~Accident or Suicide?~~

LIBRARY BUREAU A6881B

Name in Full: Julia A. Murphy

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: St. Michaels; County: Talbot

Date of death 1904: Month: 2; Day: 18; Age: Years: 52; Months: —; Days: —

Sex: Female; Color or Race: White; Birthplace: St Michaels

Married, Single or Widowed: married; Occupation: House-work

Name of Wife or Husband: Chas R. Murphy

Father's Name: Jno Marshall; Father's Birthplace: St. Michaels Md

Mother's Maiden Name: Mary Kirby; Mother's Birthplace: St. Michaels Md

Name of person giving information: Chas R. Murphy; How related to deceased: Husband

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Phthisis Pulmonalis; How long: 1 yr.

Immediate: Asthenia; How long: Several mths

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: A. B. Babcock

Address: St. Michaels Md

Accident or Suicide?

LIBRARY BUREAU A83516

Name in Full: Chas F. O'Day

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Easton — County: Talbot

Date of death 1904: Month: Feby — Day: 17 — Age: Years: 35 — Months: 10 — Days: 17

Sex: Male — Color or Race: White — Birthplace: Talbot

Married, ~~Single or Widowed~~ — Occupation: Tinsmith

Name of Wife or Husband: Emma E. Steward

Father's Name: Jno O'Day — Father's Birthplace: Delaware

Mother's Maiden Name: Emily Fisher — Mother's Birthplace: Talbot Co

Name of person giving information: wife — How related to deceased

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Phthisis Pulmonalis — How long: 2 yrs

Immediate: Failure resp. — How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Joseph H. McGarvey

Address: Easton Md

Accident or Suicide?

LIBRARY BUREAU A86610

Name in Full — John Earl Prahl — Certificate of Death

Died at — Town: Trappe — County: Talbot — MARYLAND

Date 1904 — Month: Feb. — Day: 1 — Age: Y. 1 M. 1 D. — — Native of: Md. — Occupation: —

Male ~~Female~~ — White ~~Coloured~~ — ~~Married~~ Single — Widow ~~Widower~~ — ~~Divorced~~ — Number of children living: 1

Husband of Wife

Father's Name: Erich Prahl — Mother's Maiden Name: Lillie M. Greenhawk

Cause of Death — Primary: Acute Nephritis — How long sick: 1 week

Immediate: uremia — ~~Accident, Suicide, Homicide~~

Reported by: W. S. Seymour

Address: Trappe Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79808

Name in Full

Certificate of Death

Hartley Taylor

Died at Town: Easton County: Talbot MARYLAND

Date 1904 Month: Feb Day: 14 | Age Y. 20 M. – D. – | Native of Md | Occupation Farmer

Male ~~Female~~ | ~~White~~ Colored | ~~Married~~ Single | Widow Widower | Divorced Number of children living

Husband of Wife: X

Father's Name: Not Known | Mother's Maiden Name: Not Known

Cause of Death — Primary: Small Pox | How long sick: 13 days

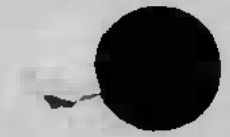
Immediate: Exhaustion | Accident, Suicide, Homicide

Reported by: E. R. Myers M.D.

Address: Easton Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79893



Name in Full: Stie Born Townson

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Easton; County: Talbot

Date of death 1904: Month: Feby; Day: 27

Age: Years: 0; Months: +; Days: 2

Sex: Female

Color or Race: White

Birthplace: Easton

Married, Single or Widowed: Single

Occupation: +

Name of Wife or Husband: ~~Ida C Townson~~

Father's Name: Willard T Townson

Father's Birthplace: Easton

Mother's Maiden Name: Ida C Stokley

Mother's Birthplace: Queenan Co

Name of person giving information: Father

How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Stie Born

How long: 2 1

Immediate:

How long: X

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Maria Agusta

Address:

Accident or Suicide?

LIBRARY BUREAU A38516

Name in Full: Henry Heat

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Barbes — County: Talbot Co

Date of death 1904 — Month: 2 — Day: 22 — Age — Years: 56 — Months: — Days: —

Sex: Male — Color or Race: White — Birthplace: —

Married, Single or Widowed: Widower — Occupation: Horse-Trainer

Name of Wife or Husband: Don't know the trainer & can get no data.

Father's Name — Father's Birthplace

Mother's Maiden Name — Mother's Birthplace

Name of person giving In formation — How related to deceased

92

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Exposure — How long: —

Immediate: Broncho-Pneumonia — How long: 1 month

Are the name, age, sex, color, date and place correctly given above? As near as possible

Signature of Physician: Joseph A Ross M D

Address: Trappe, Talbot Co, Md

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full Irvin Williams

CERTIFICATE OF DEATH

MARYLAND

Died at Easton — Town — Talbot — County

Date of death 1904 — Month Feb. — Day 4 — **Age** Years — Months 2 — Days

Sex Male — Color or Race Black — Birthplace Easton

Occupation Clerk — Where Residing if not at place of death —

Married, Single or Widowed — Name of Wife or Husband —

Father's Name Robert Kennard — Father's Birthplace —

Mother's Maiden Name Josephine Williams — Mother's Birthplace —

Name of person giving Imformation Blanche Williams — How related to deceased sister

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary Pulmonary Tuberculosis — How long 2 mths

Immediate Bronchitis — How long 1 week

Are the name, age, sex, color. date and place correctly given above?

Signature of Physician Jesse Thomas

Address Easton

Accident or Suicide?

LIBRARY BUREAU A88518

Name in Full: Douglass Howard Wilson

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Mc Daniel — County: Talbot

Date of death 1907: Month: Feb — Day: 19 — Age: Years: 33 — Months: – — Days: –

Sex: Male — Color or Race: Colored — Birthplace: Mc Daniel

Married, Single or Widowed: Married — Occupation: Oysterman

Name of Wife or Husband: Mary Emma Wilson

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: John A Wilson — Father's Birthplace: Talbot County

Mother's Maiden Name: Ester Roberts — Mother's Birthplace: Talbot County

Name of person giving information: Mary Emma Wilson — How related to deceased: Wife

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Inflamation of bowels — How long: about 9 weeks

Immediate: Heart failure — How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: J C O Davis

Address: H Nichols Md

Accident or Suicide?

LIBRARY BUREAU A88016

Name in Full: Katie Haig

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died near Town: Trappe County: Talbot

Date of death 1904: Month: x Day: 16 Age: Years: 54 Months: — Days: —

Sex: Female Color or Race: Black Birthplace: Talbot Co, Md —

Married, Single or Widowed: Widowed — Occupation: Washerwoman

Name of Wife or Husband: ~~Edward Haig.~~

Father's Name: William Wilkinson Father's Birthplace: Talbot Co, Md

Mother's Maiden Name: Clementine Henry Mother's Birthplace: " " "

Name of person giving information: William Haig How related to deceased: son

79.

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Aortic Stenosis + Hemiplegia How long: 1 year

Immediate: Heart Failure How long: 25 minutes

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Joseph A Roe M D

Address: Trappe, Talbot Co, Md

~~Accident or Suicide?~~

LIBRARY BUREAU A2551S